

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Population Health and Wellbeing Committee held on 16 April 2024 at 2.00 pm via MS Teams

#### PRESENT

Rev John Matthews OBE (in the Chair)

Cllr Jacqueline Cameron	Cllr Martin McCluskey
Dr Emilia Crighton	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Thomson KC
Mr Graham Haddock OBE	

#### IN ATTENDANCE

Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Mr John Dawson	..	Head of Strategy and Transformation, Public Health Scotland
Ms Gillian Duncan	..	Corporate Executive Business Manager (Minutes)
Mr Neil Irwin	..	Service Lead, Public Health Directorate
Ms Katrina Heenan	..	Chief Risk Officer
Ms Jac Ross	..	Equality and Human Rights Manager
Mr Pete Seaman	..	Deputy Director, GCPH
Dr Euan Fisher	..	Public Health Registrar
Dr Iain Kennedy	..	Consultant in Public Health
Dr Alison Potts	..	Consultant in Public Health
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance

		Action By
<b>15.</b>	<b>Introductory Remarks, Welcome and Apologies</b>	
	The Chair welcomed those present to the April meeting of the Population Health and Wellbeing Committee.	

BOARD OFFICIAL

		<b>Action By</b>
	Apologies for absence were noted on behalf of Mrs Jane Grant, Ms Anne-Marie Monaghan, Mr Frank Shennan and Professor Angela Wallace.  <b><u>NOTED</u></b>	
<b>16.</b>	<b>Declarations(s) of Interest(s)</b>	
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.  <b><u>NOTED</u></b>	
<b>17.</b>	<b>Minute of Previous Meeting held on 23 January 2024</b>	
	The Board considered the minute of Population Health and Wellbeing Committee held on 23 January 2024 [Paper PHWBC(M)24/01. The following amendment was noted:  - Page 2, Item 4a – Rolling Action List, Ms Laverty’s name was misspelled and this would be corrected.  The Committee were content to accept the minute as a complete and accurate record subject to the amendment outlined above.  <b><u>APPROVED</u></b>	
<b>18.</b>	<b>Matters Arising</b>	
	<b>a) Rolling Action List</b>  The Committee considered the Rolling Action List [Paper 24/07] presented for approval. The following updates were provided:  <u>No 8 – Epidemiology</u> Dr Crighton advised that an update on MMR would be included in the presentation to the next meeting of the Committee.  <u>No 10 – Health and Wellbeing Survey</u> Mr Ritchie advised that the report from the development session was in the process of being written.  There were no further matters arising and the Committee were content to approve the RAL.  <b><u>APPROVED</u></b>	

BOARD OFFICIAL

		Action By
<b>19.</b>	<b>Urgent Items of Business</b>	
	<p>The Chair invited Dr Emilia Crighton, Director of Public Health, to raise any urgent items of business. Dr Crighton advised that there were no urgent items to consider.</p> <p><b><u>NOTED</u></b></p>	
<b>20.</b>	<b>Epidemiology Update</b>	
	<p>The Committee considered the Epidemiology Update which was a presentation by Dr Iain Kennedy, Consultant in Public Health.</p> <p>Dr Kennedy reported that there had been a significant decline in COVID cases and the reduction in cases in the community was now being reflected in the number of inpatients and that had dropped to around 60 in the last week. There were still a number of flu cases but this was a downward trend which was similar to the pattern in previous years. There had been a high peak in the RSV season and a slightly earlier season than normal but this had now reduced to expected levels and there would be an RSV vaccine in the autumn. The Public Health Scotland respiratory update had now reduced in frequency from weekly to monthly. There had been unusually high confirmed reports of norovirus in January both within NHS GGC and nationally. This had been mainly among hospital and care home residents but was now back to normal seasonal levels.</p> <p>Dr Kennedy reported that there had been a resurgence in pertussis which had been partly driven by a large localised outbreak in January but was now across the population and this was reflected across other Boards. Given the significant numbers there had been updated guidance produced. In response to a query about what was causing this, Dr Kennedy said that over a period of time there was a higher number of susceptible individuals in the population as the vaccination waned over time. He said that there was an epidemic every 10 years or so and the previous one of this significance had been in 2012, the outcome of which had seen the introduction of the maternal pertussis campaign,</p> <p>Dr Kennedy would provide more information on measles at the next meeting but he said that there had been two cases confirmed in NHS GGC since the start of the year. As part of the process a risk assessment on any suspicion of measles was made by the public health team and clinician and if it was determined that this was likely then the public health actions were started before laboratory confirmation. NHS GGC was also participating in the UK wide surveillance system and, if there was any clinical notification of measles, an oral fluid kit was sent to the household to return to the national reference laboratory in London.</p>	<p style="text-align: center;">Dr Kennedy</p>

BOARD OFFICIAL

		Action By
	<p>In response to a query about the increase in pertussis cases and whether this was related to vaccination uptake, Dr Kennedy said that pertussis was most severe in under 1s and the cases in NHSGGC had been mostly adolescents although there had been some cases in younger children reported in the last couple of weeks. He said that the public health aim was to protect the most vulnerable groups and in most cases pertussis did not lead to severe morbidity which is why vaccination was concentrated on those in the first few months of life and pregnant women. Dr Kennedy said that pertussis was very contagious but early recognition and appropriate antibiotic treatment reduced the infectious period and there had been work undertaken to provide additional support for GPs in relation to diagnosis and treatment.</p> <p>In relation to a query about the increased rate of measles in England and why this was not the same in Scotland, Dr Kennedy said that vaccination rates in Scotland were higher and because of the lower number of cases NHS Scotland’s response to individual cases and contact tracing had been able to be more comprehensive. He reported that NHSGGC’s MMR uptake was over 90% and in some areas of England it was at 80% which was a significant difference. He said that there had been considerable success in vaccination and immunisation in Scotland, however, he acknowledged there had been a decline over the last few years.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
<b>21.</b>	<b>NHSGGC Vaccination Programme</b>	
	<p>The Committee considered the NHSGGC Vaccination Programme [Paper 24/08] presented by Dr Emilia Crighton, Director of Public Health, for assurance. Dr Crighton invited Dr Kennedy to provide a brief overview of the paper which provided information on the NHSGGC Vaccination Programme for the period 1 April 2023 to 31 March 2024</p> <p>Dr Kennedy highlighted the scale of the programme with over half a million vaccine doses administered every year within the NHSGGC area. He said that the programme faced some key challenges including securing suitable vaccination spaces, changes in vaccinations and products which required regular communication to ensure the workforce were kept up to date and responsive as well as being cognisant of the financial challenges which were being faced across all services. The data collected enabled targeted efforts to be made in those areas where lower vaccine uptake had been identified.</p> <p>In response to a query about tackling vaccine hesitancy in BAME communities, the Committee were advised that a new vaccination group</p>	

BOARD OFFICIAL

		Action By
	<p>had recently been established led by HSCP colleagues which was helping influence the materials being produced. One of the actions this group was undertaking was the mapping of local media across HSCPs to help inform those activities in the future.</p> <p>There was a query on the low rates of uptake of the COVID-19 winter booster and adult flu vaccine compared with previous years and whether the staffing challenges discussed previously had now been addressed. Dr Kennedy said there had been a decline in the uptake of these vaccinations since the start of the pandemic and in NHS GGC figures were now roughly at pre-pandemic levels. He said that the immunisation team had worked with the national vaccine contact centre and contacted people to try and identify the reasons why they had not attended. There was also work underway to see if there had been a deprivation element.</p> <p>In relation to staffing, work on the 2024 winter campaign had started in January and there was close collaboration with adult and childhood teams and with the staff bank. There was also further work with staffside partners on looking at the proposed Band 3 model and guidance was awaited from the Scottish Government which would enable that to move forward.</p> <p>The Committee were content to note the report.</p> <p><b>NOTED</b></p>	
<p><b>22.</b></p>	<p><b>Working Together to Stem the Tide (Director of Public Health Report 2024)</b></p>	
	<p>The Committee considered the Director of Public Health Report 2024 [Paper 24/09] presented by Dr Emilia Crighton, Director of Public Health, for approval.</p> <p>Dr Crighton said that the report provided an update on the health and wellbeing of the population and the strategic direction for public health in NHS GGC and contained a refreshed set of calls to action for the Board and its partners to improve public health outcomes. Dr Crighton advised that the Committee had received a presentation on the report at the January meeting which had prompted the recent development session and the report had been provided to the full Board in advance of that session.</p> <p>The Committee were content to approve the report which would be presented to the NHS Board.</p> <p><b>APPROVED</b></p>	

BOARD OFFICIAL

		Action By
<b>23.</b>	<b>A Fairer NHSGGC – Interim Monitoring Report</b>	
	<p>The Committee considered A Fairer NHSGGC – Interim Monitoring Report [Paper 24/10] presented by the Dr Emilia Crighton, Director of Public Health, for approval. Dr Crighton invited Ms Jac Ross, Equality and Human Rights Manager, to provide a brief overview of the report which demonstrated NHSGGC’s ability to meet the requirements of the Equality Act (2010).</p> <p>Ms Ross advised that NHSGGC continued to demonstrate compliance with the Equality Act (2010) and this was evidenced in the Fairer NHSGGC 2022-2024 Monitoring Report which outlined the significant work that had been delivered to meet the needs of those with protected characteristics across all NHSGGC functions. A suite of eight equality outcomes had been agreed for the reporting period with seven of these fully delivered and work carried forward on the equality outcome on age which had been delayed due to COVID. Ms Ross said that the Fairer NHSGGC 2024-25 equality scheme was a one year plan as the Scottish Government were in the process of reviewing the Public Sector Equality Duty (PSED) with changes due to be introduced in April 2025 when a new scheme would be developed to ensure compliance with the legislative changes.</p> <p>In response to a query on whether the Amma Birth Companions report should be included in the equality scheme, Ms Ross said that NHSGGC had identified the need for maternity outcomes in 2019 and had engaged with Amma as part of that process and there continued to be an ongoing relationship with Amma, however, Ms Ross would have a further look at how this specific item could be included.</p> <p>In response to the Fairer Scotland Duty being subsumed under EQIAs and not published as a standalone item on the website, Ms Ross advised that this had been put under EQIAs as it was felt that this was the most systematic approach to addressing risk but she would look at how this could be published separately to ensure this was more visible.</p> <p>The Committee were content to note the progress made across the functions and approve the report for publication in line with the requirements of the Equality Act 2010. The Committee were also content to approve the one year equality scheme which would be presented to the NHS Board.</p> <p><b><u>APPROVED</u></b></p>	<p>Ms Ross</p> <p>Ms Ross</p>

BOARD OFFICIAL

		<b>Action By</b>
<b>24.</b>	<b>Quarter 3 Public Health Assurance Information Progress Report</b>	
	<p>The Committee considered Quarter 3 Public Health Assurance Information Progress Report [Paper 24/11] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton said the report provided an update on quarterly progress against the key priorities as outlined in the Public Health Assurance Information Framework and included a detailed synopsis of NHSGGC's progress against each of the priorities and identified mitigating actions where required.</p> <p>The Committee had no queries on the content and were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>25.</b>	<b>Extract from the Corporate Risk Register</b>	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 24/12] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan said that there were two risks aligned to the Committee and these had been reviewed by the risk owners and the Corporate Management Team with no changes proposed to the risk scores. Ms Heenan advised that a deep dive on corporate risks was being undertaken and any proposed changes to the public health risks would be taken through appropriate governance before being brought back to the Committee for approval.</p> <p>In response to a query about the pandemic response section of the corporate risk register, Dr Crighton confirmed that this was broader than COVID. She added that NHSGGC was contributing to a UK wide exercise to create a plan for pandemics but meantime it was important to have local plans to ensure a quick response to any potential concerns before national plans were in place.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	

BOARD OFFICIAL

		<b>Action By</b>
<b>26.</b>	<b>Annual Report of the Population Health and Wellbeing Committee 2023/24</b>	
	<p>The Committee considered the Annual Report of the Population Health and Wellbeing Committee 2023/24 [Paper 24/13] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval</p> <p>Ms Vanhegan advised that it was routine for all governance Committees to produce a report summarising the work of the Committee over the year providing assurance that the Committee was working in line with the Terms of Reference. This report would form part of the governance pack that would be presented to the NHS Board in June 2024.</p> <p>The Committee were content to approve the Annual Report for inclusion in the June governance pack.</p> <p><b><u>APPROVED</u></b></p>	
<b>27.</b>	<b>Review of the Terms of Reference</b>	
	<p>The Committee considered the Review of the Terms of Reference [Paper 24/14] presented by the Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that this was part of the annual refresh of all Committee terms of reference that would be included in the governance pack that would be presented to the NHS Board in June. She said that there were no major changes but highlighted that a new Equality, Diversity and Inclusion Committee was being proposed which may require the Terms of Reference for other Committees to be amended to ensure appropriate read across.</p> <p>The Committee were content to approve the Terms of Reference for inclusion in the June governance pack acknowledging that these may require to be updated as outlined above.</p> <p><b><u>APPROVED</u></b></p>	
<b>28.</b>	<b>Closing Remarks and Key Messages for the Board</b>	
	<p>The Chair thanked colleagues for attending the meeting and said a number of important items had been discussed.</p> <p>Dr Crighton said that this was Rev Matthews and Mr Ritchie's final meeting of the Committee before their terms as Board Members ended and asked</p>	

BOARD OFFICIAL

		<b>Action By</b>
	<p>for the Committee's appreciation of their support in driving the public health agenda in Glasgow to be recorded.</p> <p>The Chair thanked Dr Crighton and closed the meeting.</p>	
<b>29.</b>	<b>Date and Time of Next Meeting</b>	
	The next meeting would take place on Tuesday 16 July 2024 at 2.00 pm.	